

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 003

City St Louis (No. Central Hospital)

File No. 35173

Registered No. 9389

St. .... Ward)

2. FULL NAME

William H Ingram

(a) Residence, No. 6548 South West 1st St. 3 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Ingram

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 14<sup>th</sup> 1857

7. AGE YEARS 75 MONTHS 11 DAYS 16 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

13. NAME John Ingram

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Wentworth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT George M Ingram (ADDRESS) 6548 South West 1st

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bellefontaine DATE Nov 1<sup>st</sup> 1933

19. UNDERTAKER Arthur J. Downell & Co (ADDRESS) 3840

20. FILED 31 1933 J. Breck

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 25/33 1933 to Oct 29/33 1933

I last saw him alive on Oct 29/33 1933 Death is said to have occurred on the date stated above, at 1.0 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset Oct 28/33

82A

Other contributory causes of importance: arterio-sclerosis - several years

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Scott Parsons M. D.

(Address) 608-Well Red

3903 <sup>John of</sup> Wall Bay

10-11